

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

13

BERNADETTE KIMBROUGH
21690 CLOVELL LANE OAK PARK MI 48237

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v. CHARTWELLS/COMPASS Group USA, Inc
21107 WEST 14 mile ROAD Dearborn MI 48124
48124

Case: 2:17-cv-10751
Assigned To : Drain, Gershwin A.
Referral Judge: Whalen, R. Steven
Assign. Date : 3/8/2017
Description: CMP KIMBROUGH v. CHARTWELLS/COMPASS GROUP
USA INC. (SO)

Jury Trial: ☒ Yes ☐ No
(check one)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Employment Discrimination

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name BERNETTE KIMBROUGH
Street Address 21690 CLOVELL AVE
City and County OAKLAND MI 48237 OAKLAND
State and Zip Code MI 48237
Telephone Number 248 259-9968 or 313 241-4933
E-mail Address Gloory28@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name DEBBIE
Job or Title SCHOOL SECRETARY
(if known)
Street Address 21707 WEST 14 MILE ROAD
City and County BEVERLY HILLS MI 48025 OAKLAND
State and Zip Code MI 48025
Telephone Number 248 203-4700
E-mail Address _____
(if known)

Defendant No. 2

Name STALEY
Job or Title MANAGER
(if known)
Street Address 21707 WEST 14 mile ROAD Beverly Hills
City and County OAKLAND
State and Zip Code MI 48025
Telephone Number 248 203-4700
E-mail Address _____
(if known)

Defendant No. 3

Name

PATRICIA Gump

Job or Title
(if known)

Supervisor

Street Address

21707 WEST 14 mile Road Beverly Hills

City and County

Beverly Hills OAKLAND

State and Zip Code

MI 48025

Telephone Number

248 203-4700

E-mail Address
(if known)

JD

Defendant No. 4

Name

KATE who no longer work company

Job or Title
(if known)

LIAM'S WORKMAN CO

Josh - Company

SEANAM HIGH SCHOOL BIRMINGHAM

Street Address

21707 WEST 14 mile Road Beverly Hills

City and County

Beverly Hills OAKLAND

State and Zip Code

MI 48025

Telephone Number

248 203-4700

E-mail Address
(if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name

Bernadette Kinnaman

Street Address

~~21707 West 14 mile Road~~ 21707 WEST 14 mile Road

City and County

~~Beverly Hills~~ Beverly Hills

State and Zip Code

~~MI~~ MI 48025

Telephone Number

~~48025~~ 248 203-4700

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐ Other federal law *(specify the federal law)*:

☐ Relevant state law *(specify, if known)*:

☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts (*specify*):

Failure to Treat me respect, smoking Harrassment,

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

05-07-2015 12-14-2016

C. I believe that defendant(s) (*check one*):

- ☐ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- ☒ race _____
- ☒ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age. My year of birth is _____. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- ☒ disability or perceived disability (*specify disability*)

Lower Disc - Depression

E. The facts of my case are as follows. Attach additional pages if needed.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

B. The Equal Employment Opportunity Commission *(check one)*:

☐ has not issued a Notice of Right to Sue letter.

☒ issued a Notice of Right to Sue letter, which I received on *(date)*

~~05-02-2017~~ 02/07/2017
(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐ 60 days or more have elapsed.

☒ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Attach additional pages if needed.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing Bernadette Kinbow, ³⁻⁸2017.

Signature of Plaintiff

Bernadette Kinbow

Printed Name of Plaintiff

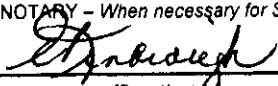
BERNADETTE KINBOW II

Additional Information:

I Am ASKING ~~COMPASS~~ COMPASS GROUP USA, LLC
AND TO PAID 1,000,000 FOR PAIN SUFFERING.
AND TO PAID FROM TIME I WAS FIRED ME. ALSO MY BENEFITS BACK
WITH THE COMPANY. UNTIL I FIND ANOTHER JOB. ALSO HOLDING PAID
BECAUSE THEY GAVE ME A NERVOUS BREAKDOWN. HOW THE COMPANY
HANDLING A WORK RELATED CLOSE HEAD INJURY FAIL TO TALK ME TO DOCTORS
2 YEARS LATER.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2017-00857	
Michigan Department Of Civil Rights and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Bernadette Kimbrough		Home Phone (Incl. Area Code) (248) 259-9968	Date of Birth 1963
Street Address City, State and ZIP Code 21690 Cloverlawn, Oak Park, MI 48237			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CHARTWELLS/COMPASS GROUP USA, INC.		No. Employees, Members 500 or More	Phone No. (Include Area Code) (248) 203-4700
Street Address City, State and ZIP Code 21707 West 14 Mile Road, Beverly Hills, MI 48025			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 05-07-2015 12-14-2016 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with the above referenced employer on or about April 13, 2015. My most recent position was Cook. The above referenced employer was aware of my disability.</p> <p>During my employment, I was subjected to harassment. I was also subjected to unwarranted disciplinary actions, most recently on or about November 1, 2016. Ultimately, on or about December 14, 2016, I was discharged.</p> <p>I believe I have been subjected to harassment, discipline and discharge due to my race, African American, in violation of Title VII of the Civil Rights Act of 1964, as amended, and due to my disability, in violation of the Americans with Disabilities Act of 1990, as amended.</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <u>8-14-2017</u> (month, day, year) E. Kimbrough NOTARY PUBLIC - STATE OF MICHIGAN My Commission Expires 12-31-2019 I am in the County of <u>Oakland</u>	
<u>8-14-2017</u> x <u>Bernadette Kimbrough</u> Date Charging Party Signature		<u>8-14-2019</u>	

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

BENNETTE KIMBROUGH
21690 CLOVELAND OAK PARK MI 48237

(b) County of Residence of First Listed Plaintiff Oakland

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

LIHARTWELL/COMPASS/Group USA INC
21707 WEST 14 MILE ROAD, PLYMOUTH MI 48150

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff

☒ Federal Question
 (U.S. Government Not a Party)

☐ 2 U.S. Government Defendant

☐ 4 Diversity
 (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State

PTF ☒ 1 DEF ☒ 1

Incorporated or Principal Place of Business In This State

PTF ☐ 4 DEF ☐ 4

Citizen of Another State

☐ 2 ☐ 2

Incorporated and Principal Place of Business In Another State

☒ 5 ☒ 5

Citizen or Subject of a Foreign Country

☐ 3 ☐ 3

Foreign Nation

☐ 6 ☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT

- ☐ 110 Insurance
☐ 120 Marine
☐ 130 Miller Act
☐ 140 Negotiable Instrument
☐ 150 Recovery of Overpayment & Enforcement of Judgment
☐ 151 Medicare Act
☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
☐ 153 Recovery of Overpayment of Veteran's Benefits
☐ 160 Stockholders' Suits
☐ 190 Other Contract
☐ 195 Contract Product Liability
☐ 196 Franchise

PERSONAL INJURY

- ☐ 310 Airplane
☐ 315 Airplane Product Liability
☐ 320 Assault, Libel & Slander
☐ 330 Federal Employers' Liability
☐ 340 Marine
☐ 345 Marine Product Liability
☐ 350 Motor Vehicle
☐ 355 Motor Vehicle Product Liability
☐ 360 Other Personal Injury
☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY

- ☐ 365 Personal Injury - Product Liability
☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability
☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY

- ☐ 370 Other Fraud
☐ 371 Truth in Lending
☐ 380 Other Personal Property Damage
☐ 385 Property Damage Product Liability

- ☐ 625 Drug Related Seizure of Property 21 USC 881
☐ 690 Other

- ☐ 422 Appeal 28 USC 158
☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS

- ☐ 820 Copyrights
☐ 830 Patent
☐ 840 Trademark

LABOR

- ☐ 710 Fair Labor Standards Act
☐ 720 Labor/Management Relations
☐ 740 Railway Labor Act
☐ 751 Family and Medical Leave Act
☐ 790 Other Labor Litigation
☐ 791 Employee Retirement Income Security Act

SOCIAL SECURITY

- ☐ 861 HIA (1395ff)
☐ 862 Black Lung (923)
☐ 863 DIWC/DIWW (405(g))
☐ 864 SSID Title XVI
☐ 865 RSI (405(g))

OTHER STATUTES

- ☐ 375 False Claims Act
☐ 376 Qui Tam (31 USC 3729(a))
☐ 400 State Reapportionment
☐ 410 Antitrust
☐ 430 Banks and Banking
☐ 450 Commerce
☐ 460 Deportation
☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 480 Consumer Credit
☐ 490 Cable/Sat TV
☐ 850 Securities/Commodities/Exchange
☐ 890 Other Statutory Actions
☐ 891 Agricultural Acts
☐ 893 Environmental Matters
☐ 895 Freedom of Information Act
☐ 896 Arbitration
☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
☐ 950 Constitutionality of State Statutes

REAL PROPERTY

- ☐ 210 Land Condemnation
☐ 220 Foreclosure
☐ 230 Rent Lease & Ejectment
☐ 240 Torts to Land
☐ 245 Tort Product Liability
☐ 290 All Other Real Property

CIVIL RIGHTS

- ☐ 440 Other Civil Rights
☐ 441 Voting
☐ 442 Employment
☐ 443 Housing/Accommodations
☒ 445 Amer. w/Disabilities - Employment
☒ 446 Amer. w/Disabilities - Other
☐ 448 Education

PRISONER PETITIONS

- Habeas Corpus:**
☐ 463 Alien Detainee
☐ 510 Motions to Vacate Sentence
☐ 530 General
☐ 535 Death Penalty
Other:
☐ 540 Mandamus & Other
☐ 550 Civil Rights
☐ 555 Prison Condition
☐ 560 Civil Detainee - Conditions of Confinement

IMMIGRATION

- ☐ 462 Naturalization Application
☐ 465 Other Immigration Actions

FEDERAL TAX SUITS

- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
☐ 871 IRS—Third Party 26 USC 7609

V. ORIGIN (Place an "X" in One Box Only)

☐ 1 Original Proceeding

☐ 2 Removed from State Court

☐ 3 Remanded from Appellate Court

☐ 4 Reinstated or Reopened

☐ 5 Transferred from Another District (specify)

☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

Handicap Act 1964

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets .	<p>Case: 2:17-cv-10751 Assigned To : Drain, Gershwin A. Referral Judge: Whalen, R. Steven Assign. Date : 3/8/2017 Description: CMP KIMBROUGH v. CHARTWELLS/COMPASS GROUP USA INC. (SO)</p>
<input checked="" type="checkbox"/>	<p>Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.</p> <p style="font-size: 1.2em; margin-left: 40px;">5 + 2 = 7 Complaints.</p> <p style="font-size: 0.8em; margin-left: 40px;"># of Defendants Total</p> <p>Received by Clerk: <u>JS</u> Addresses are complete: _____</p>	
<input type="checkbox"/>	<p>If any of your defendants are government agencies: Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.</p>	
If Paying The Filing Fee:		If Asking That The Filing Fee Be Waived:
<input type="checkbox"/>	<p>Current new civil action filing fee is attached.</p> <p>Fees may be paid by check or money order made out to:</p> <p style="text-align: center;"><i>Clerk, U.S. District Court</i></p> <p>Received by Clerk: _____ Receipt #: _____</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.</p> <p>Received by Clerk: <u>JS</u></p>
Select the Method of Service you will employ to notify your defendants:		
Service via Summons by Self	Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)
<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Two (2) completed summonses for each defendant including each defendant's name and address.</p> <p>Received by Clerk: <u>JS</u></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Two (2) completed Request for Service by U.S. Marshal form.</p> <p>Received by Clerk: <u>JS</u></p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>You need not submit any forms regarding the Waiver of Summons to the Clerk.</p> <p><u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted</u>, you will need:</p> <ul style="list-style-type: none"> One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. Two (2) Waiver of the Service of Summons forms per defendant. <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>

Clerk's Office Use Only

Note any deficiencies here: